

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: ACHIM H. KRAUSS, et al.,

Serial No.: Pending

Filed: Herewith

For: PROSTAGLANDIN D₂ ANTAGONIST

Examiner:

Group Art Unit:

Irvine, California

16018 U.S. PTO
10/780441**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**


Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs
- (x) Specification (28pages total) consisting of 37 Claims (6 pgs) Abstract (1 page)
- (x) Drawings (4 sheets)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- (x) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV193721218US

Dated: February 12, 2004

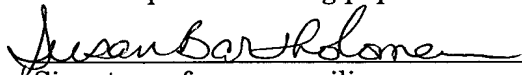

BRENT A. JOHNSON
Registration No. 51,851

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **FEBRUARY 12, 2004** in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193721218US** with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: February 12, 2004

Susan Bartholomew
Name of person mailing paper


Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a CONTINUATION IN PART NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **PROSTAGLANDIN D₂ ANTAGONIST** by the following named inventor:

1. FULL NAME OF INVENTOR:			
First Name: ACHIM	Initial H.	Last Name KRAUSS	
City FOOTHILL RANCH	State or Foreign Country CALIFORNIA	Country Of Citizenship GERMANY.	
Post Office Address 10 TOULON AVENUE	City FOOTHILL RANCH	State or Country CALIFORNIA	Zip Code 92610
2. FULL NAME OF INVENTOR:			
First Name: DAVID	Initial	Last Name WOODWARD	
City LAKE FOREST	State or Foreign Country CALIFORNIA	Country of Citizenship UNITED KINGDOM	
Post Office Address 22736 ISLAMARE LANE	City LAKE FOREST	State or Country CALIFORNIA	Zip Code 92630
3. FULL NAME OF INVENTOR:			
First Name: YARIV	Initial	Last Name DONDE	
City DANA POINT	State or Foreign Country CALIFORNIA	Country of Citizenship U.S.A.	
Post Office Address 24386 ANTILLES WAY	City DANA POINT	State or Country CALIFORNIA	Zip Code 92629
4. FULL NAME OF INVENTOR:			
First Name: ROBERT	Initial M.	Last Name BURK	
City LAGUNA BEACH	State or Foreign Country CALIFORNIA	Country of Citizenship U.S.A.	
Post Office Address 1337 CERRITOS DRIVE	City LAGUNA BEACH	State or Country CALIFORNIA	Zip Code 92651

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 28 pages, 37 claims (6 pages) and an abstract (1 page).

Oath or Declaration

- (X) Enclosed is a fully executed oath or declaration.
- () Enclosed is an unsigned oath or declaration.
- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

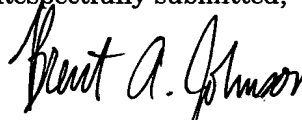
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	38 minus 20	= -18-	\$18.00	\$324.00
Independent Claims	6 minus 3	= -3-	\$86.00	\$258.00
If application contains any multiple dependent claims, then add			\$290.00	\$00
TOTAL FILING FEE				\$1,352.00

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed 4 sheets.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

BRENT A. JOHNSON
 Registration No. 51,851
 ALLERGAN, INC.
 2525 Dupont Drive, T2-7H
 Irvine, CA 92612
 Tel: 714-246-4348 Fax: 714-246-4249

Respectfully submitted,



Date: February 12, 2004

Brent A. Johnson
 Registration No. 51,851
 Patent Agent of Record